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EASTMAN KODAK COMPANY PATENT LEGAL STAFF 343 STATE STREET **ROCHESTER, NEW YORK 14650-2201**

DATE:

August 26, 2005

TO:

Examiner Dawn L. Garrett

FAX NO. <u>571-273-8300</u>

Group Art Unit 1774

U.S. PATENT OFFICE

FROM:

Raymond L. Owens

FAX NO. (585) 477-4646

PHONE NO. 585-477-4653

RE: U.S. Serial No.10/634,324 Filed August 5, 2003

Viktor V. Jarikov

ORGANIC LIGHT-EMITTING DIODE DEVICES WITH

IMPROVED OPERATIONAL STABILITY ATTORNEY DOCKET NO. 84501ARLO

Total Pages Including Cover Sheet 39

Docket 84501ARLO Customer No. 01333

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Viktor V. Jarikov

ORGANIC LIGHT-EMITTING DIODE DEVICES WITH IMPROVED OPERATIONAL STABILITY

Serial No. 10/634,324

Filed 05 August 2003

Commissioner for Patents P.O. Box 1450 Alexandria, VA. 22313-1450 Group Art Unit: 1774

Examiner: Dawn L. Garrett

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8/2000S

Transmitted herewith is an amendment in the above-identified application:

X No ac	dditional fee is requ	ured.	91			
The	(Col. 1)	calculated as shown below: (Col. 2) (Col. 3)		(Col. 3)	OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT	Ì	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL		MINUS	20	0	X 50	\$0
INDEP		MINUS	3	0	X 200	\$0
TEIDS:	T PRESENTATIO	+ 360	\$ 0			
FIRS	I FRESENTATIO	TOTAL	\$0			

* The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

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X Any additional filing fees required under 37 CFR 1.16.

Any patent application processing fees under 37 CFR 1.17.

(For Extensions of Time and other Petitions to the Assistant Commissioner)

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If the Examiner is unable to reach the Applicant(s) Attorney at the telephone number provided, the Examiner is requested to communicate with Eastman Kodak Company Patent Operations at (585) 477-4656.

Docket 84501ARLO Customer No. 01333

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THE	fee has been calcula (Col. 1)		(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL	7.0	MINUS	20	0	X 50	.\$0
INDEP		MINUS	3	0	X 200	\$0
FIRS	T DD ECENTATIO	+ 360	\$0			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					TOTAL	\$0

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